

**Georgetown Charter Township  
Direct Payment Program  
Application**

Customer Name \_\_\_\_\_ (Please Print)

Service Address \_\_\_\_\_

**Water/Sewer Account #** \_ \_ \_ \_ \_

Service Mailing address (if different) \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_ (Invoice will be emailed)

Please deduct my Automatic Bill Payment from my:

Name of Bank/Credit Union/Savings & Loan \_\_\_\_\_

Type of Bank Account:            \_ \_   Checking    \_ \_   Savings

Bank Account # \_\_\_\_\_

Routing number \_\_\_\_\_

I authorize Georgetown Charter Township to deduct my Water/Sewer Bill from the checking or Savings account listed above. I understand that I control my payments, and if at any time I decide to discontinue this payment service, I will notify Georgetown Charter Township by letter two weeks before any payment due date.

Signature \_\_\_\_\_ Date \_\_\_\_\_

☐ Please discontinue paper bills; send water bills to the above email address

**Be sure to enclose a voided check with this form.**

Return to:     Auto Payment Program  
                  Georgetown Charter Township  
                  PO Box 769  
                  Jenison MI 49429  
                  (616) 457-2340